MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

June 2009

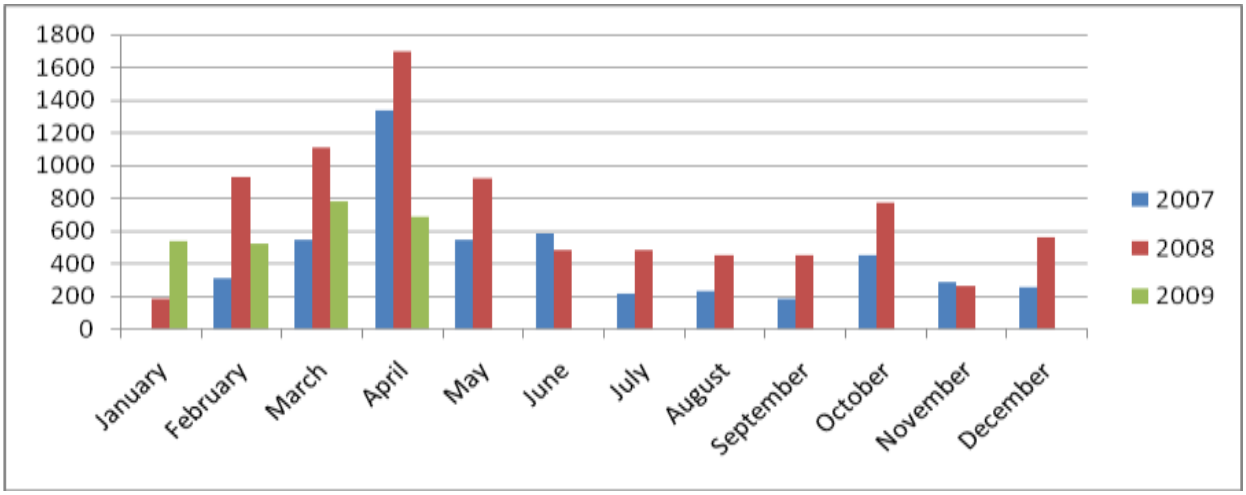
CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $565,515 in May. The monthly payments for uncompensated care since February 2007 are shown below in Figure 1.

Figure 1 – Uncompensated Care Payments 2007-2009



The MHCC staff convened a meeting the Executive Board of Trauma-Net in June to present plans for reducing the payments from the Fund in 2010 that will be considered by the Commission at the June meeting. Payments from the Fund cannot exceed what is collected from the Fund in a given fiscal year. Uncompensated care payments, Medicaid shortfall payments, and increases in on-call stipends have increased, while revenue from automobile registrations and registration renewals has declined as a result of the economic down turn.

RFP for Audit Services

The Commission has released an RFP that will award a contract for auditing of the Maryland Trauma Physician Services Fund and the Health Insurance Partnership. A vendor has been selected and the Commission staff will request approval of an award from the Board of Public Works on June 17, 2008.

Cost and Quality Analysis

Medical Care Data Base (MCDB) RFP
On May 25th staff held a pre-proposal conference for parties interested in submitting proposals for the new five-year contract that will continue and expand the MCDB. Over 30 persons representing 25 organizations attended the conference in person or via conference call. The minutes from this meeting, along with three addenda that list all the questions posed by potential bidders before, during, and after the pre-proposal conference—and the responses from Ben Steffen—have been added to our website http://mhcc.maryland.gov/procurement/bidboard.html. Additionally, all of the items listed in the RFP's Appendix E—"reading room" documents that provide potential bidders with historic examples of reports that will be required under the contract—are available to potential bidders in electronic versions that have been posted on our website. This eliminates the need for potential vendors to travel to the MHCC offices to review the hard copy versions.

Medical Care Data Base
This year staff is offering payers a new data submission option that permits them to transfer their data to MHCC by uploading it to a secure FTP (file transfer protocol) server—provided the payer has a secure FTP client—eliminating the need to physically transfer data on electronic media such CDs. So far, five of the 23 payers who are required to submit data this year have indicated they intend to utilize the FTP server. These payers collectively account for about 75 percent of the records submitted to the MHCC each year. Payers must submit their 2008 claim data by July 6, 2009.

Consumer-Directed Health Plans (CDHPs) in Maryland: Does Spending Differ for Enrollees?
The study of enrollment and spending patterns in consumer-directed health plans (CDHPs)—discussed in April's update—has been augmented to include an estimation of expenditures per enrollee in the small group market (CSHBP). Typically studies based on the MCDB can examine only expenditures per user, because the MCDB currently lacks eligibility information; eligibility information is, however, scheduled to become a required component of the MCDB beginning with the 2011 data submission (2010 claims data). Due to the additional analysis, the presentation of study results has been deferred to the July Commission meeting.

Interagency Cooperation Agreement
Currently, there are no data systems in the United States that can be used to calculate the prevalence of hemoglobinopathies, such as sickle cell disease and thalassemia, nor to describe the associated patient population. The Centers for Disease Control and Prevention have issued an RFA for a cooperative agreement that seeks to develop and implement a collaborative pilot project focused on population-based surveillance of confirmed hemoglobinopathies. DHMH's Office of Minority Health and Health Disparities (OMHHD) is applying for one of these cooperative grants, and MHCC staff will provide the OMHHD with a letter of support for their application and assist in their project if they are selected. This assistance would consist of providing access to various MCDB data files and guidance in analyzing the files. The MCDB would be one of the data sources used by OMHHD for identifying the prevalence of hemoglobinopathies among Maryland residents of all ages.

Patient Centered Medical Home Workgroup

The Maryland Quality and Cost Council's Patient Centered Medical Home Workgroup and its three subgroups on which MHCC staff are participants have been meeting regularly throughout April, May and June. The Workgroup's chair presented an update to the Maryland Health Quality and Cost Council on June 10th. The next meeting of the Workgroup will be held on June 19, 2009 at 9:00 a.m. at the Maryland Health Care Commission. Information regarding the work of each of the subgroups and the Workgroup, as well as the schedule of upcoming meetings, is available on the Council's website at: http://dhmh.state.md.us/mhqcc/pcmh.html. The Workgroup is developing a plan for a Multi-stakeholder PCMH demonstration that it will submit to the Governor's Health Cost and Quality Council this summer.

Data and Software Development

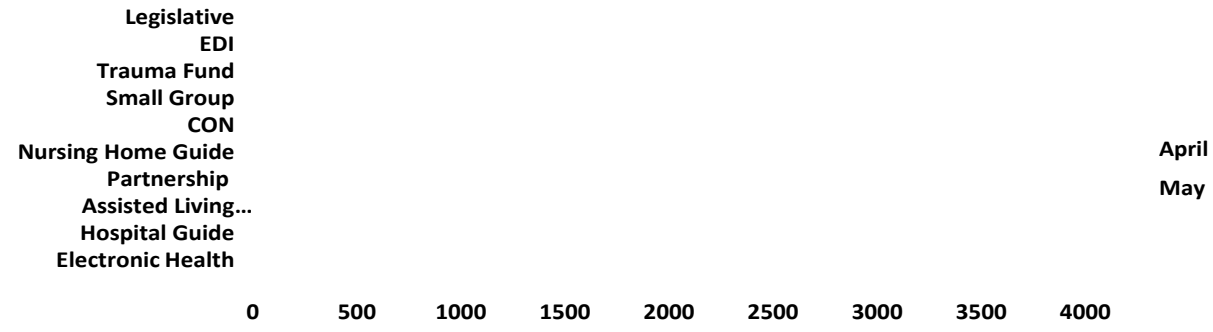
Internet Activities

Figure 2 presents results on web utilization for the Commission's ten most frequently visited sites for April and May 2009. The total overall number of visits dropped again, about 9 percent, from April to May, ending with just under 26,000 visits.

Electronic Health and two of the Guides (Hospital, and Assisted Living) had the highest amount of traffic during the month, with about 36 percent of all visits. This is a change from April with the usage of the Nursing Home Guide dropping by 48 percent. The combined usage for the three Guides dropped from 35 percent of all visits in April to 23 percent of all visits in May. However, the largest decrease in usage was found again in the Assessment web pages, 69 percent, which caused them to drop out of the top ten list completely. The largest increases in usage were found in the Electronic Health and Trauma Fund web pages, 35 percent and 28 percent respectively. Other changes in usage for the month of May were between 6-15 percent for increases and 1-5 percent for decreases. The usage for the Partnership and the Legislative websites continued to be about the same.

The average time spent on the site fell for the first time in months, average time decreased by 10 percent. Particularly noteworthy is that there were sizeable decreases in the CON Section, Assessments, Prescription Drugs, the State Health Plan and Patient Safety. The only significant increase was on for visits to the Long Term Care Survey application site. This increase is likely due to facilities preparing to complete their 2008 survey which begins in July. The number of pages viewed per visitor also decreased by about7 percent. About 34 percent of all visitors originated from a Maryland-based ISP, about the same as the past three months. Those visitors tend to view more pages and spend longer time on the site than most of the other users. These users would be more likely to be Maryland residents than users that originate from non-Maryland ISPs.

Figure 2: Visits to the MHCC Web Sites
Top 10 MHCC Sites during April & May 2009



Web Development for Internal Applications
Staff continued to make progress on license renewal applications for the occupation boards. Table 1 *presents the status on development for health occupation boards. The current workload and the limited* staff available for develop has forced MHCC to scale back support to the Boards in the last several months.

Table 1–Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
Physicians – Physician Assistants	Production	June 2009
Chiropractic Examiners	Testing	June 2009
Optometry	Production	2010
Nursing Home Survey Redesign	Development	Summer 2009
AHRQ QI Installation	Planning	Delayed
Long Term Care Survey	Development	July 2009
Physicians' Renewal	Development	July 14,2009
EHN Certification	Production	Spring 2009
Home Health Survey	Under Development	Fall of 2009

CENTERS FOR HEALTH CARE FINANCING AND LONG-TERM CARE AND COMMUNITY BASED SERVICES

HMO Quality and Performance

2009 Performance Evaluation: HEDIS Audit and CAHPS Survey

HEDIS Audit
The HEDIS audit is nearing completion with most measure validation processes finalized. HealthcareData.com (HDC), the HEDIS audit contractor for MHCC, has completed the majority of tasks associated with the HEDIS evaluation process

Consumer Assessment of Health Plan Study (CAHPS Survey)
W B & A concluded survey data preparation in time to meet the deadline for submitting member level results to NCQA for validation and composite rate calculation. The validated rates will become available to health plans and vendors on NCQA's Website in early June. Staff has instructed the vendor to create files of the validated data and forward onto plans as a back-up to the web-based data source. The final CAHPS results will be presented, along with clinical data in the 2009 HMO publications.

Report Development—2009 Report Series
Staff met with report development staff from NCQA and Graves Fowler Design to prepare for the new report series. Design concepts, report themes, and project milestones were discussed to set the project pace.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
At the March public meeting, the Commission adopted final regulations to implement the following changes to the CSHBP: requiring coverage for certain child dependents up to age 25, and requiring coverage for the surgical treatment of morbid obesity. These coverage changes will be implemented effective July 1, 2009.

With the enactment of HB 610, Bona Fide Wellness Program Incentives, Commission staff has drafted proposed changes to the wellness regulations to comply with this new law. These proposed changes will be presented to the Commission later in the meeting.

With the enactment of SB 637/HB 674, the Commission is required to study (1) options to implement the use of value-based health care services and increase efficiencies in the CSHBP; and (2) potential options for allowing plans with fewer benefits than the Standard Plan. This report is due by December 1, 2009. This Act also requires the Commission to post on the MHCC website and update quarterly premium comparisons of health benefit plans issued in the small group market.

Health Insurance Partnership
The premium subsidy program known as "The Partnership" is currently available to certain small employers with 2 to 9 full time employees as long as they meet the requirements outlined in the law and meet certain salary, wage and other eligibility requirements established by the Commission through regulation. Coverage under the Partnership began on October 1, 2008. As of June 8th, enrollment in the Partnership was as follows: 188 businesses; 525 employees; 867 covered lives. The average subsidy per enrolled employee is $1,854; the average age of all enrolled employees is 39; the group average wage is almost $28,000; the average number of employees per policy is 3.8; and the total subsidy amount issued is $973,000.

Commission staff has drafted proposed changes to the Partnership regulations along with updates to the Program Design Factors. These proposed changes will be presented to the Commission for approval later in the meeting.

Commission staff created and continually maintains the Partnership website (http://mhcc.maryland.gov/partnership) to inform all interested parties, including, carriers, producers, employers, employees, various business associations, etc. about this subsidy program.

Mandated Health Insurance Services
Because there are still several days remaining in which legislators may request actuarial review of proposed mandates, the following serves as a reminder of the Commission's responsibility as required under Insurance Article § 15-1501, Annotated Code of Maryland. The Commission is required to submit an annual report to the General Assembly on: (1) any proposed mandated health insurance service that failed during the preceding legislative session; and (2) any request for analysis on a proposed mandated benefit that was submitted by a Legislator to the Commission by July 1st of that year. Each evaluation must include an assessment on the medical, financial, and social impact of the proposed mandate. The 2008 report, prepared by the Commission's consulting actuary Mercer and approved by the Commission for submission to the General Assembly, included an evaluation on the following five (5) proposed mandates: coverage for prosthetic devices; extending the current mandate on coverage for in vitro fertilization; coverage for the shingles (herpes zoster) vaccine; coverage for autism spectrum disorder; and coverage for a 48-hour inpatient stay following a mastectomy. Staff is currently reviewing failed legislation from the 2009 session that may necessitate a new mandate review or modification of a prior review.

Long Term Care Policy and Planning

Hospice Data
The Commission, working with OCS as its contractor, conducts the annual Maryland Hospice Survey. Data collection is currently underway for the FY 2008 survey. Part I of the survey has been completed and data cleaning is underway. Part II data is due June 16, 2009. Data for Maryland will be sent to the National Hospice and Palliative Care Organization (NHPCO) as a component of the national survey.

Meeting with Licensing
Commission staff met with the Director of the Office of Health Care Quality (OHCQ) as well as OHCQ staff and obtained updated hospice and home health agency licenses to update Commission files. The Commission will also have representation on the HB 30 Workgroup to study options available to persons for end of life for hospice care and palliative care.

Proposed Licensing Regulations for Residential Service Agencies (RSAs)
Commission staff have reviewed the proposed regulations for updating the licensing provisions for RSAs (COMAR 10.07.05), which include incorporating current practices, clarifying standards and licensing requirements, and establishing sanctions for noncompliance with these regulations. Staff offered comments on these proposed regulations, including specifying the requirement for ongoing data collection on utilization of RSA services in Maryland.

Home Health Agency (HHA) Data
Commission staff is reviewing and analyzing utilization trend data of HHA services. Staff is looking at age-specific use rates, as well as jurisdiction-specific utilization patterns.

Home Health Survey
The FY 2008 Home Health Data for Phase II agencies collection process ended on May 29, 2009. To date, 97% of the agencies have submitted their surveys and 3% are in progress. Staff is continuing to work on updates to data for the FY 2009 Home Health Agency Survey.

Long Term Care Survey
The 2008 Maryland Long Term Care Survey is scheduled for release on June 22, 2009. The survey is being released one month earlier than in past years; the due date is August 20, 2009.

Long Term Care Quality Initiative

LTC Website Expansion
Staff met with the two long term care provider associations to preview the proposed expansion; a consumer meeting is still in the planning stages. Staff is writing an RFP to secure a vendor to design and build the expanded site.

Other Activities

1) MDS 3.0 - Staff is following the transition to MDS 3.0 scheduled for October 2010 through conference calls and publications held by CMS to determine how it will effect quality reporting or other functions of the unit.

2) Staff's proposal for a one hour CE presentation on long term care at the joint conference sponsored by LifeSpan and the Health Facilities Association of Maryland, the two senior care provider organizations, has been accepted.

CENTER FOR HOSPITAL SERVICES

Hospital Services Policy and Planning

Certificate of Need (CON)

CONs Issued

Solomons Nursing Center (Calvert County) – Docket No. 08-04-2283
Add 17 comprehensive care facility ("CCF") beds
Cost: $3,456,803

Lorien LifeCenter – Harford County (Harford County) – Docket No. 08-12-2288
Establish a 78-bed CCF at a site near Blenheim Road and Pulaski Highway, Havre de Grace
Cost $7,905,938.

Pre-Licensure/First Use Approval Issued (Completion of CON-Approved Projects)

Franklin Square Hospital Center (Baltimore County) – Docket No. 08-03-2250
Change in type of service – Introduction of acute psychiatric inpatient services for adolescents and elimination of acute psychiatric inpatient services for children

CON Letters of Intent

Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Prince George's County)
Establish an ambulatory surgical facility (4 operating rooms) in Largo

Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Montgomery County)
Replace and relocate an ambulatory surgical facility (Kensington Medical Center - 4 operating rooms) to Germantown

CON Applications Filed

Montgomery General Hospital (Montgomery County) – Matter No. 09-15-2293
Expand a previously authorized building addition (finish approved floor of shell space and add three floors), including an increase in MSGA patient rooms
Estimated Cost: $22,722,650.

Clarksburg Community Hospital (Montgomery County) – Matter No. 09-15-2294
Establish a 100-bed general acute care hospital on a site bordering I-270, Old Baltimore Road, and Route 121 in Clarksburg
Estimated Cost: $202,153,340.

Washington Adventist Hospital (Montgomery County) – Matter No. 09-15-2295
Replace and relocate Washington Adventist Hospital (Takoma Park) to a site at 12100 Plum Orchard Drive in the White Oak area of Montgomery County [Comprehensive rehabilitation beds excluded from replacement and relocation project]
Estimated Cost: $552,080,000.

Pre-Application Conference

Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Montgomery County and Prince George's County) - April 29, 2009

Application Review Conferences

Montgomery General Hospital (Montgomery County) – Matter No. 09-15-2293 - April 22, 2009

Clarksburg Community Hospital (Montgomery County) – Matter No. 09-15-2294 - April 23, 2009

Washington Adventist Hospital (Montgomery County) – Matter No. 09-15-2295 - April 23, 2009

Determinations of Coverage

- **Acquisitions**

Northwest Health & Rehabilitation Center (Baltimore City)
Acquisition of Northwest Health & Rehabilitation Center by Northwest Nursing, L.L.C. and P.V. Realty-Northwest, L.L.C.

- **Delicensure of Bed Capacity or a Health Care Facility**

Berlin Nursing & Rehabilitation Center (Worcester County)
Temporary delicensure of 6 CCF beds

Clinton Nursing & Rehabilitation Center (Prince George's County)
Temporary delicensure of 10 CCF beds

Bel Pre Health & Rehabilitation Center
Temporary delicensure of 15 CCF beds

- **Relicensure of Bed Capacity or a Health Care Facility**

Citizens Care & Rehabilitation Center (Harford County)
Relicensure of 9 CCF beds

- **Relinquishment of Bed Capacity**

Randallstown Center (Baltimore County)
Permanent relinquishment of 8 CCF beds

- **Other**

HomeCall-Frederick (a home health agency based in Frederick County and serving several jurisdictions)
Relocation of main office from 800 Oak Street to 1446 West Patrick Street, Suite 15, 16, & 17, Frederick

Potomac Ridge Behavioral Health at Rockville (Montgomery County)
Reallocation of special hospital-psychiatric bed capacity (adult/adolescent/children) and temporary delicensure of residential treatment center bed capacity

- **Ambulatory Surgery Centers**

Maryland Eye Surgical Center (Montgomery County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 2101 Medical Park Drive, Suite 100, Silver Spring

- **Waiver Beds**

Edenwald (Baltimore County)
Addition of 7 CCF waiver beds

Policy and Planning

On April 6 and April 9, 2009, Staff of the Center for Hospital Services ("the Center") met with representatives of Bon Secours Hospital, at Bon Secours Hospital on the 6th and at MHCC offices on the 9th, to review and discuss contingency planning for the possible phase-out of hospital operations and longer range transition planning related to the hospital service area populations' health care needs. The

2009 Maryland General Assembly session created funding for transitional planning by Bon Secours Hospital.

On April 14, 2009, Staff of the Center accompanied Chairman Moon, acting as a Project Reviewer, on site visits of Holy Cross Hospital in Silver Spring, Shady Grove Adventist Hospital in Rockville, and two proposed sites for new general hospitals in Montgomery County, in Germantown and Clarksburg. These site visits were undertaken to gain a hands-on perspective on four CON applications filed by Holy Cross Hospital and Adventist HealthCare.

On April 16, 2009, Staff of the Center participated in a brief orientation session for new Commissioners prior to the regular monthly meeting.

On April 21, 2009, the Center distributed MHCC's Annual Survey of Freestanding Ambulatory Surgical Facilities ("FASFs") to 364 potential survey respondents. This survey will gather information on FASF operations in CY2008. This year's survey includes a supplemental survey on the use of health information technology by freestanding ambulatory surgical facilities developed by MHCC's Center for Health Information Technology.

Hospital Quality Initiatives

Hospital Performance Evaluation Guide
The MHCC Hospital Performance Evaluation Guide (the Guide) relies on a variety of data sources to present meaningful information to consumers, providers and policy makers. The HSCRC inpatient hospital discharge data set represents a critical data source for providing comparative data on Maryland hospital performance and indicators of quality of care. As part of ongoing efforts to update and enhance the information on the Guide, staff is utilizing the inpatient discharge data set to provide additional information on the hospital services including emergency department visits, cardiac services and volume of procedures, rehabilitation services and other specialized services.

Unlike the Maryland hospital discharge data, the core performance measures data obtained from CMS through the QIO Clinical Data Warehouse is not as accessible and timely. After experiencing major delays in obtaining the first two quarters of calendar year 2008 hospital performance data from CMS, MHCC recently received notice from Delmarva that the requested data had been processed. Staff anticipates that the updated core quality measure data for January-June 2008 will be posted to the Hospital Guide by early June. Staff is also preparing for a statewide briefing and update, scheduled for June 23rd at the Maryland Hospital Association, on activities of the Hospital Guide. Staff anticipates release of the first Annual Report on Maryland Hospital Performance and Patient Experience Measures at the June 23rd briefing.

Maryland Quality Measures Data Center Project
In addition to the activities associated with the immediate update of the Hospital Guide, the staff continues to work on a long term strategy which entails the establishment a web-based Quality Measures Data Center (QMDC). The QMDC will provide direct and timely access to patient-level quality and performance measures data. This approach will accelerate the timely receipt of data directly from hospitals. MHCC has engaged the services of the Iowa Foundation for Medical Care (IFMC) to support the implementation of this project. The staff and contractor meet weekly to define technical specifications and develop program requirements associated with this new web-based portal for hospitals to submit their data directly to the Commission. Historically, the data (in summary form) have been obtained from the CMS Quality Improvement Organization (QIO) Warehouse.

Healthcare Associated Infections (HAI) Data
Staff has three surveys underway related to healthcare associated infections. Under the guidance of the Healthcare Associated Infections (HAI) Advisory Committee, the staff developed the *2009 Annual Survey*

of Maryland Hospital Infection Prevention and Control Programs. The Survey is designed to collect information on the staffing, operations and activities of hospital infection prevention and control programs in Maryland. The survey is a web-based tool that will assist the Commission in understanding the basic characteristics of hospital programs and inform statewide HAI public reporting and quality improvement initiatives. The deadline for hospital submission of the completed surveys was April 24, 2009. Each hospital has submitted their completed survey and staff is in the process of summarizing the results for dissemination to hospitals and other interested parties.

Staff also developed an online survey for collecting data on the rate of Health Care Workers Influenza Vaccination in hospitals. This survey represents a pilot project that will provide useful information to hospitals on how their hospital compares to peer facilities and to the State as a whole on the proportion of their staff that have had influenza immunization. The results of the pilot survey will be used to develop an annual survey of hospital employee vaccination practices for public reporting on the Hospital Guide.

An online survey for collecting data on hospital compliance with Active Surveillance Testing (AST) for MRSA in All ICUs was also developed and implemented with a submission deadline for the first quarter of 2009 (January-March) of May 1st. This is a process measure that evaluates the rate of hospital screening (AST) for MRSA in ICUs. The results of this survey is currently being reviewed for completeness.

Finally, Staff initiated a procurement project to engage the services of a contractor with expertise and experience in the quality review of healthcare infections data. The contractor will perform an assessment of the accuracy and completeness of the Commission's data on Central Line-Associated Blood Stream Infections (CLABSI). Since July 1, 2008, Maryland hospitals have been required to use the National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on CLABSIs in any ICU. Hospitals are required by NHSN to report data in the system within 30 days following the end of the month.

Other Activities

Staff continues to participate in the NHSN State User's monthly teleconferences to stay abreast of issues surrounding HAI hospital performance measures and to share information with other states on relevant activities and projects. At the May 13th teleconference, Staff presented at update of Maryland activities regarding HAI data collection and reporting.

In support of MHCC's hospital quality initiatives, staff continues to reach out to other units within DHMH, federal agencies, professional organizations and other states, to share and gather information and to identify opportunities for collaboration and improvement. Staff continues to collaborate with the HSCRC staff on data issues to support the Quality Based Reimbursement project and broader rate setting issues.

Specialized Services Policy and Planning

COMAR 10.24.05 Research Waiver Applications: Atlantic C-PORT Study of Nonprimary Percutaneous Coronary Intervention (npPCI) provides for a limited number of qualified hospitals without on-site cardiac surgical services to participate in an elective angioplasty study conducted by the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT E) in multiple states. The objective of this randomized clinical research trial is to determine whether npPCI performed in hospitals without on-site cardiac surgery services is as safe and effective as npPCI performed in hospitals with on-site cardiac surgery services. At its public meeting on March 19, 2009, the Commission adopted emergency and proposed amendments to COMAR 10.24.05 that would permit the Commission to consider granting npPCI research waivers to a maximum of three additional hospitals whose applications were docketed and pending as of March 18, 2009. The Joint Committee on Administrative, Executive, and Legislative Review approved the emergency amendments to COMAR 10.24.05; the effective dates for the emergency

status are April 11, 2009 through September 14, 2009. The full text of the proposed amendments was published in the *Maryland Register* on April 24, 2009. Baltimore Washington Medical Center (Docket No. 08-02-0029 NPRW), Holy Cross Hospital (Docket No. 08-15-0033 NPRW), and Johns Hopkins Bayview Medical Center (Docket No. 08-24-0030 NPRW) have filed updated information on their actual and estimated case volumes to supplement the hospitals' pending npPCI waiver applications.

On April 18th, the Commission took action to amend COMAR 10.24.17, Table A-1, by renumbering the current door-to-balloon time requirement as 2a, and adding the proposed requirement shown below. This proposal will make the regulation consistent with the 2007 Focused Update of the American College of Cardiology/American Heart Association 2004 Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction.

Category: Institutional Resources

2b) Effective January 1, 2010, all institutions should provide primary PCI as soon as possible and not to exceed 90 minutes from patient arrival (i.e., door-to-balloon time of ≤ 90 minutes) for 75 percent of appropriate patients.

The State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention Services (COMAR 10.24.17) requires Maryland hospitals without on-site cardiac surgery to obtain a waiver to provide primary percutaneous coronary intervention (pPCI), which is the emergency use of catheter-based techniques, including balloon angioplasty, to relieve coronary vessel narrowing in patients with ST-segment elevation myocardial infarction (STEMI). The Commission will issue a pPCI waiver for a two-year period, provided that the applicant hospital meets and continues to meet all requirements for pPCI programs without on-site cardiac surgery. The following hospitals have filed applications to renew their pPCI waivers: Anne Arundel Medical Center – Docket No. 09-02-0039 WR; Baltimore Washington Medical Center – Docket No. 09-02-0040 WR; Franklin Square Hospital Center – Docket No. 09-03-0041 WR; Shady Grove Adventist Hospital-Docket No. 09-15-0042 WR; and Southern Maryland Hospital Center-Docket No. 09-16-0043 WR.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Staff finalized the *2008 Hospital Health Information Technology* (HIT) *Survey* (survey) report. The survey assessed 47 acute care hospitals on the level of implementation for seven core HIT components that can improve patient safety and enhance the quality and efficiencies of health care delivery. The report includes information on the level of HIT adoption and variation by hospital size, geographic location, and hospital affiliation and is scheduled for release in June. Results from the survey indicate that hospitals have made sizable investments in HIT and most are planning for expanded functionality over the next year. During the month, staff also met with several hospital Chief Information Officers (CIOs) to explore using the survey data to report individually on hospital HIT adoption and discuss ways the data could be used in a consumer report. A similar set of HIT questions were included in the annual *Maryland Freestanding Ambulatory Surgical Center Survey* that was released in April. Data collection is scheduled for completion by the end of June; a draft report is tentatively scheduled for release in September.

Staff completed development of the draft Task Force to Study Electronic Health Records (Task Force) *Review of the 2007 Final Recommendations* briefing document. In April, the Task Force reconvened to review the 13 recommendations from their December 2007 Final Report. The Task Force modified three recommendations based upon the *American Recovery and Reinvestment Act of 2009* and House Bill 706, *Electronic Health Records – Regulation and Reimbursement.* The changes in the recommendations

address the perceived monetary issues faced by physicians in adopting electronic health records (EHRs) and e-prescribing systems. They also reflect the Task Force's desire that physicians, in addition to consumers, be included in education and outreach activities. The Task Force was legislatively mandated in 2005 to study EHR systems; the current and potential expansion of their utilization in Maryland, including the use of electronic transfer, e-prescribing, and computerized provider order entry; and the cost of implementing these functions. The Task Force also studied the impact of the current and potential expansion of school health records and issues related to patient safety and privacy. The briefing document is scheduled for release in June.

Analysis of the information from the nursing home EHR adoption database was initiated in May. The database contains responses from roughly 51 nursing homes that participated in an environmental scan on EHR adoption. This information will be used by staff to expand the use of HIT in Maryland nursing homes and to identify a range of options for EHR adoption that includes utilizing an Application Services Provider (ASP) model and a web-based and client server-based approach. MHCC will invite nursing home administrators to participate in an HIT workgroup that addresses privacy and security policy barriers and technical solutions that advance EHR adoption later this summer. Staff anticipates releasing a draft report on key findings from the environmental scan in September. During the month, staff contacted nearly 20 EHR vendors that meet the most stringent Certification Commission for Healthcare Information Technology standards relating to functionality, interoperability, and security to assess their interest in participating in a nursing home EHR product portfolio. The nursing home EHR product portfolio will provide information that includes user references, basic product information, pricing, and privacy and security policies. Staff anticipates launching the nursing home EHR product portfolio in the fall.

Staff continued the development of a draft briefing document that evaluates management services organization (MSO) business models. MSOs are organizations that share administrative and technical functions across physician practices. MSOs have the potential to increase HIT adoption, particularly among physician practices where the cost of implementing the technology is often viewed as a deterrent. MSOs eliminate the need for an onsite client server by offering a subscription-based EHR through an Internet application service provider. This approach allows physicians to own the data without managing the security of the information. The MSO approach addresses technical support, system maintenance, data backup, and privacy and security issues. A briefing document is tentatively scheduled for release later this summer.

Staff participated in the Center for Medicare and Medicaid Services' (CMS) EHR Demonstration Project's day long orientation event. Maryland is one of four states participating in the five-year demonstration project where physicians were assigned to a treatment and control group. Approximately 127 primary care practices were selected to take part in the treatment group. These primary care practices will receive payment for implementing an EHR during the first year and begin reporting on 26 clinical measures during the subsequent years. Incentive payments are determined by several factors and the maximum amount for participation in the demonstration project is $290,000 per practice. A similar number of primary care practices were selected to participate in the control group where they will receive some funding for completing an office automation survey in years two and five. Staff expects to work with CMS to maximize improved outcomes resulting from the use of the technology throughout the demonstration project.

Staff participated on the Patient-Centered Medical Home Workgroup's (workgroup) Practice Transformation Subgroup (subgroup). The subgroup was established in April by the workgroup to make recommendations on the technical, administrative, financial, and legal issues that would arise if a multi-payer patient-centered medical home were established in Maryland. During the month, the subgroup drafted recommendations and identified outstanding issues for the workgroup. The workgroup will present this information to the Maryland Health Quality and Cost Council in June, which is tasked with collaborating on ways to improve quality and contain costs across the public and private sectors.

Health Information Exchange
Last month, staff completed a preliminary proof of concept testing analysis on specific consumer and provider policies assigned by the Health Information Security & Privacy Collaboration's (HISPC) Adoption of Standards Collaborative Workgroup (workgroup). States participating in the workgroup are required to test various policy toolkits on privacy and security as part of the contract extension. Staff initiated activities on a series of deliverables pertaining to a proof of concept testing for consumer and provider policies regarding authorization and access of immunization registries. Health Care Information Consultants is providing support during the field testing of policies with provider organizations. Maryland is one of ten states participating in the HISPC workgroup. In May, the Office of the National Coordinator for Health Information Technology (ONC) extended the workgroup contract by four months to complete additional policy analysis.

Staff continues to support the Electronic Healthcare Network Accreditation Commission's (EHNAC) Health Information Exchange (HIE) Policy Accreditation Advisory Panel (advisory panel). The advisory panel consists of roughly 50 participants from various stakeholder groups nationally who convene twice during the month to continue developing privacy and security policy criteria recommendations. In May, the advisory panel discussed proposed criteria related to physical and personnel resources, and began discussing criterion related to security in respect to hybrid entities and administrative safeguards. Recommendations from the advisory panel will provide the framework for EHNAC's HIE network policy accreditation program. Recommendations from the advisory panel will go through a public comment period before they are finalized. The advisory panel is scheduled to complete its proposed recommendations around the end of July. EHNAC anticipates making this accreditation program available to HIEs in 2010.

Staff completed a technology assessment of the leading health care information integration software vendors that facilitate interoperability for health information networks and integrated health care delivery systems. Axolotl, Wellogic, and dbMotion technology solutions were reviewed to assess their ability to integrate relevant information to create a comprehensive patient EHR. These organizations provide HIEs with seamlessly integrated, standardized clinical data from multiple disparate sources at the point of care. A technology platform that enables secure access to a patient's health information maintained at facilities that are otherwise unconnected or have no common technology through which to share data is a core component of an exchange. Staff anticipates that one of these technology solutions will participate with the multi-stakeholder group in executing the design of the statewide HIE.

Electronic Health Networks & Electronic Data Interchange
During the month, staff contacted approximately 49 payers to remind them of their reporting obligation under COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. These regulations require payers to submit data on their administrative health care transactions for the previous year if their premium volume is one million dollars or more. Approximately 68 payers are required to submit an online EDI Progress Report by June 30th. Nearly 14 payers have already begun to complete their report and about 5 payers have already submitted their report. Staff completed a review of the submitted reports and identified discrepancies that require follow up with the payers on several of the reports. Payer information is compiled and reported in aggregate to payers and providers who use the information as a way to increase technology adoption.

Staff continues to provide consultative support to three electronic health networks (networks) interested in the Maryland market. Presently, these networks are providing administrative transaction routing services to two academic institutions and payers in Maryland. Obtaining MHCC certification will enable these networks to provide direct routing services of administrative transactions originating in Maryland. Last month, staff continued testing of an online application for networks to use in submitting their application for MHCC certification. Staff also provided support to EHNAC's criteria committee as they identified

changes in the certification criteria and to the marketing committee as it refines EHNAC's outreach strategy.

National Networking

Staff participated in several webinars during the month. Manatt Health Solutions conducted a two-part series titled *What you need to know about the HITECH Act*. This webinar series focused on the enhanced HIPAA privacy and security provisions, and the Medicare and Medicaid incentives resulting from the American Recovery and Reinvestment Act of 2009 (ARRA). Staff also took part in *Governance Models for Large Scale IT Projects: Approaches by North Carolina and South Carolina*, which discussed the approach by these two states in implementing major IT projects and in *Stimulus Funding Opportunities for RHIOs, HIEs, and Regional Technical Support Centers*, which presented an overview of federal stimulus funds available for HIT and reviewed specific HIT program sections of the ARRA.